

12/16/11

Financial Worksheet for Loan Modification

Borrower Name _____		Social Security # XXX-XX-_____	
Co-Borrower Name _____		Social Security # XXX-XX-_____	
Property Address _____		City _____	State _____ Zip _____
Mailing Address _____		City _____	State _____ Zip _____
Home Phone _____	Work Phone _____	Cell _____	Fax _____
Best time to Call _____		Email _____	
Borrower Employer _____		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired	
Occupant Employer _____		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired	
Borrower Income Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly		
Additional Occupants Income Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly		
Mortgage Company Name: 1 st _____		2 nd _____	
Loan Number 1 st _____		2 nd _____	

Income		Borrower Income		Occupant Income		Assets / Liabilities						
	Gross	Net	Gross	Net	Description	Value	Owe	Net				
Income					Auto							
Disability					Checking/Saving							
Rental					IRA							
Unemployment					401K							
Child Support					Stocks/Bond/CDs							
Other					Other							
Total					Total							
Household Liabilities and Expenses												
Expenses		Payments		Balance Due			Expenses		Payments		Balance Due	
Alimony Child Support							Clothing					
Auto Expense(gas repairs)							Dry Cleaning					
Child Care/Elder Care							Monthly Parking					
Entertainment							Club or Union Dues					
Education							School or Work Lunch Cost					
Medical							HOA Dues / condo dues					
Pets							Food/groceries,					
Spending Money							Dining Out					
Ch 13 Plan pmt							Auto Loan					
Auto Insurance							Credit Cards					
Health Insurance							Installment Loans					
Life Insurance							Mortgage Payment					
Hospital							2 nd Loan Payment					
Prescriptions							Property Tax & Insurance					
Cable							Personal Loans					
Electricity							Other Secured Debts					
Gas							Other Unsecured Debts					
Phone/Cell/Internet							Other					
Water/Sewage							Total Expense / Debts					

Debtor signature: _____

Date signed: _____

Co-Debtor signature: _____

Date signed: _____